



## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

097889632

FILING DATE

APPLICANT(S)

CL	Αi	М	s

1 2 3 4 5 6 6 7 8 9 10 11 12 13 14 4 5 6	AS I	DEP.	AF 1st AME IND.	TER ENDMENT DEP.	AFI 2nd AME IND.	ER NDMENT DEP.
2 3 4 5 6 7 8 9 10 11 12 13 14	IND.	1 2	IND.	DEP.	IND.,	
2 3 4 5 6 7 8 9 10 11 12 13 14		12				
3 4 5 6 7 8 9 10 11 12 13 14		12			L · .	•
4 5 6 7 8 9 10 11 12 13 14		12		$\perp T$		
5 6 7 8 9 10 11 12 13 14		1 ( I)		$\perp I$		
6 7 8 9 10 11 12 13 14		(A)				
7 8 9 10 11 12 13 14		111				
8 9 10 11 12 13 14						
9 10 11 12 13 14		Q.				
10 11 12 13 14		CA.		11		
11 12 13 14				1/		
12 13 14				<b>V</b>		
13 14		(4)		<b>/</b>		
14		16				
	<u> </u>			4		
15		194				
16		CV.	1	<u> </u>		
17		(4)		<u> </u>		
18		<del>\</del>				
19 20		14		<del>  </del>		
21			<del>     </del>			
22		-		<del> </del>		
23		<del>\</del>	<del>   </del>			
24		<del>\\\\</del>	<del>    -</del>	ļ		
25		14	<del>   </del>	ļ		
26		17				
27		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-			
28		4	<del>                                     </del>	+		
29		<del>'</del>	1-	┼──┤		
30		_/ <u>·</u>	<u> </u>	+		
31				<del>  </del>		
32				<del>                                     </del>		
33				<del>                                     </del>		
34				<del>                                     </del>		
35				┼-┼	,	
36				++-		
37				<del>  -; -  </del>		
38						
39				-		
40				+ + -		
41				<del>                                     </del>		
42				<del>     </del>		
43				<del>                                     </del>		
44				+		
45				+		
46						
47				<del>  _,  </del>		
48				<del>                                     </del>		
49				<del>                                     </del>		
50				<del>  ,  </del>		
TOTAL			2	<del>  '_</del>		
TOTAL		<b>⊘</b> □	<u>رسن.</u>	J⋴₽∖		<b>=</b>
DEP. TOTAL CLAIMS			18			U

<del>,</del>	*		±			
					<b>*</b>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						VEF.
52					<del> </del>	<del> </del>
53				<del>                                     </del>		<del> </del>
54				<del>                                     </del>	<del></del>	<del> </del> -
55				<del>                                     </del>	<b> </b>	
56		-			<del></del>	
57						<del></del>
58						
59						
60						
61						
62						
63						
64						
65				,		
66					<del></del>	-
67			<del>                                     </del>	<u> </u>		
68			<del>                                     </del>			
69			<del> </del>			
70					· ·	
71				0	<u> </u>	
72			<del> </del>			
73	<b></b>		· · ·	·.:		ļ
74			<del>                                     </del>	<b></b>		
75				<b> </b>		
76						
77						
78						
79						
80						
81	<del>  </del>		<u> </u>			
82	<b>  </b>		<b>-</b>			
83	<del>  </del>					
84			L			
85			L			
86						
87	<u> </u>					
88						
89	ļ					
90						
91	LI					
92						
93		]				
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		- 71				
TOTAL				⇔		₽ □
DEP. YOYAL CLAIMS		STATE STATE OF THE				The second second
CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell National Stage Processing (703) 305-3831